

2-4-04 NEW

04-19495

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

JC. 2-18-04
deadline 2-5

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: South East Control Systems, Inc
BUSINESS STREET ADDRESS: 13711 SW 29 STREET ZIP 33330
BUSINESS MAILING ADDRESS: SAME AS ABOVE ZIP _____
BUSINESS PHONE: (954) 347-1138 DO NOT RUALISH
DESCRIBE TYPE OF BUSINESS: TECHNICAL/ENGINEERING CONSULTANT
BUSINESS IS: Corporation ☒ Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Youbert Vergara (President)</u>	<u>13711 SW 29 ST.</u>	<u>DAVIE, 33330</u>	<u>(954) 382-6009</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 2004, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

Youbert Vergara (President)
Print Owner or Officers Name and Title

Youbert Vergara
Signature of Owner or Officer

Office Use Only: Date <u>2/4/04</u> Category <u>04200</u>		Fee Exempt per Sec. 13-13 _____	
License # <u>04-19495</u> Control # <u>15875</u>		Fee <u>92.61</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____	
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____		Zoning <u>R-1</u> Date <u>2/6/04</u>	
Town Council Date _____ Approved _____ Denied _____		Zoning Approval <u>Yes</u>	
Tabled To _____ Approved _____ Denied _____		LOANER ID <u>9564</u>	
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____		50-40-22-01-0350	
		Paradise Farms	

8/00 OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

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